

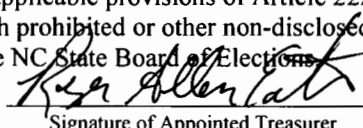
# Disclosure Report Cover

Amendment

☐ Yes☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

<b>1. Committee Information</b>												
<b>a. Full Name</b> EATON FOR COMMISSIONER		<b>c. ID Number</b> ADRV9Z										
<b>b. Mailing Address (include City, State and Zip Code)</b>  3709 OXFORD COURT MOREHEAD CITY, NC 28557		<b>d. Date Filed</b> 7/08/2016										
		<b>e. Phone Number</b> 252-773-9145										
<b>2. Report Year</b> 2016	<b>3. Period Start Date (mm/dd/yy)</b> 12/18/2016	<b>4. Period End Date (mm/dd/yy)</b> 06/30/2016	<b>5. Treasurer Full Name</b> ROGER ALLEN EATON									
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1" style="width:100%"><tr><td><b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td><b>State/County</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td><b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special</td></tr></table>		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special						
<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special										
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:		<b>10. Special Report Name</b>										
<b>8. Number of Fundraisers this Report</b> 0												
<b>11. Account Information</b> <b>a. Financial Institution Full Name</b> SOUND BANK <b>b. Purpose</b> CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES <b>c. Account Code</b> 1 <b>d. Period Begin Balance</b> \$ 0		<b>11. Account Information</b> <b>a. Financial Institution Full Name</b> <b>b. Purpose</b> JUL 8 2016 <b>c. Account Code</b> <b>d. Period Begin Balance</b> \$										
<b>CERTIFICATION</b> I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. <div style="display: flex; justify-content: space-between;"><div>ROGER ALLEN EATON Printed Name of Signer</div><div> Signature of Appointed Treasurer</div><div>7/08/2016 Date</div></div>												
<b>FOR OFFICE USE ONLY</b> <table border="0" style="width:100%"><tr><td>Date Received: _____</td><td>Employee: _____</td><td rowspan="4"><b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training</td></tr><tr><td>Date Postmarked: _____</td><td>Employee: _____</td></tr><tr><td>Date Scanned: _____</td><td>Employee: _____</td></tr><tr><td>Date Data Entered: _____</td><td>Employee: _____</td></tr></table>				Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	Date Postmarked: _____	Employee: _____	Date Scanned: _____	Employee: _____	Date Data Entered: _____	Employee: _____
Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training										
Date Postmarked: _____	Employee: _____											
Date Scanned: _____	Employee: _____											
Date Data Entered: _____	Employee: _____											
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.												

# Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

<b>1. Committee Full Name (and Fund if applicable)</b> EATON FOR COMMISSIONER		<b>2. Type of Report</b> SECOND QUARTER		<b>3. ID Number</b> ADRV9Z	
<b>Start of Election Cycle:</b> January 1, 2016		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 0		\$ 0	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 970.00		\$ 970.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 800.00		\$ 800.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,770.00		\$ 1,770.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 393.23		\$ 393.23	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 96.64		\$ 96.64	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 489.87		\$ 489.87	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,280.13		\$ 1,280.13	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

# Contributions from Individuals

Pg 1 of 4

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
EATON FOR COMMISSIONER					ADRV9Z	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  DOROTHY REIST 8520 WOODCLIFF ROAD EMERALD ISLE, NC 28594 252-354-5687			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		05/26/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  DALE HOCKER 132 WACKENA WAY BEAUFORT, NC 28516 252-349-1668			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					USPS	
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		05/26/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  NANCY BROWNING PO BOX 166 ROUGEMONT, NC 27572			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					TEACHER	
				\$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		06/06/2016	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 400.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Pg 2 of 4 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
EATON FOR COMMISSIONER					ADRV9Z	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  SUSAN CUTHRELL 107 WILLOW STREET BEAUFORT, NC 28516 252-504-2256			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RN			
			<b>c. Employer's Name/Specific Field</b>			
			CARTERET HEALTHCARE			
					<b>e. Election Sum to Date</b>	
					\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		06/27/2016		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  JEAN BAXTER 525 EGRET LAKE DRIVE PINE KNOLL SHORES, NC 28512			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		06/28/2016		\$ 20.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  JUDITH WOOTEN 380 OLD SWANSBORO ROAD NEWPORT, NC 28570 252-725-4964			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			OFFICE MANAGER			
			<b>c. Employer's Name/Specific Field</b>			
			SUNSHINE LADY FOUNDATION			
					<b>e. Election Sum to Date</b>	
					\$ 25.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		06/28/2016		\$ 25.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 95.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Pg 3 of 4

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
EATON FOR COMMISSIONER					ADRV9Z	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  SUSAN FETZER 300 HENDRICK STREET BEAUFORT, NC 28516 252-499-6000			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			DIETITIAN			
			<b>c. Employer's Name/Specific Field</b>			
			CARTERET HEALTHCARE			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		06/28/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  CYNTHIA WEEKS 900 OLD FASHIONED WAY APT. 614 NEWPORT, NC 28570 252-241-6155			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 25.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		06/28/2016	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  MICHAEL MURDOCH 415 WILDWOOD ROAD NEWPORT, NC 28570 252-725-4964			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		06/28/2016	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 175.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Pg 4 of 4 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
EATON FOR COMMISSIONER					ADRV9Z	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  GINGER AVERY 208 LEWIS ROAD BEAUFORT, NC 28516 252-728-5084			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			TEACHER		<b>e. Election Sum to Date</b>	
				\$ 50.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		06/28/2016	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  DENNIS LITALIEN 250 DONNIE DAVIS ROAD WILLISTON, NC 28579 910-526-3574			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			OPERATIONS MANAGER			
			<b>c. Employer's Name/Specific Field</b>			
			XPO LOGISTICS		<b>e. Election Sum to Date</b>	
				\$ 250.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		06/14/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 970.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Political Party Committees

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b> EATON FOR COMMISSIONER				<b>2. ID Number</b> ADRV9Z	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  CARTERET COUNTY DEMOCRATIC PARTY EXECUTICE COMMITTEE PO BOX 708 MOREHEAD CITY, NC 28557 252-654-2792				<b>b. Comments</b>	
				<b>c. Election Sum to Date</b> \$ 750.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
1	CHECK		04/10/2016	\$ 750.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  DEMOCRATIC WOMEN OF CARTERET COUNTY PO BOX 708 MOREHEAD CITY, NC 28557				<b>b. Comments</b>	
				NO PHONE NUMBER	
				<b>c. Election Sum to Date</b> \$ 50.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
1	CHECK		06/28/2016	\$ 50.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Election Sum to Date</b> \$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 800.00	
<b>5. Total of ALL CRO-1220 Pages</b> (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 800.00	

# Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b> EATON FOR COMMISSIONER					<b>2. ID Number</b> ADRV9Z	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  WALMART SUPERCENTER 300 NC HIGHWAY 24 MOREHEAD CITY, NC 28557 252-247-0511			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$ 48.64	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	CHECK #98	K	06/10/2016	\$48.64	JUNE PHONE BILL	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  THE TALK STATION WTKF PO BOX 1679 MOREHEAD CITY, NC 28557 252-247-7282			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$ 300.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	CHECK #1001	A	06/20/2016	\$300.00	RADIO ADS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  STAPLES 5185 US HIGHWAY 70 MOREHEAD CITY, NC 28557 252-726-2666			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$ 44.59	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	CHECK #1002	B	06/25/2016	\$25.60	SIGNS FOR 4TH OF JULY PARADE	
1	CHECK #1002	K	06/25/2016	\$18.99	NOTEBOOKS DIVIDERS	
<b>5. Total only this Page</b>					\$ 393.23	
<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 393.23	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						



# Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
EATON FOR COMMISSIONER			ADRV9Z	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  ROGER EATON 3709 OXFORD COURT MOREHEAD CITY, NC 28557 252-342-3137		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		12/18/2015
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 48.00
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		O		\$ 48.00
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
PURCHSING AGENT	TANDEMLOC, INC			1
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
CHECK #91	REIMBURSEMENT OF CANDIDATE FILING FEE		06/14/2016	\$ 48.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  ROGER EATON 3709 OXFORD COURT MOREHEAD CITY, NC 28557 252-342-3137		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		05/11/2016
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 48.64
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		O		\$ 96.64
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
PURCHASING AGENT	TANDEMLOC, INC			1
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
CHECK #92	REIMBURSEMENT OF MAY PHONE BILL		06/16/2016	\$ 48.64
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$
<b>4. Total only this Page</b>				\$ 96.64
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 96.64
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other * Codes require detailed explanation in required remarks field (m)				